DECLARATION, POWER OF ATTORNEY, AND PETITION

As	a below named inventor, I hereby declare that:
My to my name.	residence, post office address and citizenship are as stated below next
below) or an orig	elieve I am the original, first and sole inventor (if only one name is listed inal, first and joint inventor (if plural names are listed below) of the subject claimed and for which a patent is sought on the invention entitled:
CONTRAST CO	NTAINER HOLDER AND METHOD TO FILL SYRINGES
the specification	of which (check one below):
(v) is attached hereto.
()	was filed on as Application Serial No or Express Mail No, and was amended on (if applicable).
()	was filed on as PCT International Application No , and as amended under PCT Article 19 on (if any).
	ereby state that I have reviewed and understand the contents of the above cation, including the claims, as amended by any amendment referred to
Trademark Offic	acknowledge the duty to disclose to the United States Patent and se all information known to me to be material to patentability as defined in f Federal Regulations §1.56.
§119 of any fore also identified be	ereby claim foreign priority benefits under Title 35, United States Code, ign application(s) for patent or inventor's certificate listed below and have elow any foreign application for patent or inventor's certificate having a e that of the application on which priority is claimed:

Prior Foreign Applic	cation(s)	F	Priority Claimed?
(Number)	(Country)	Day/Month/Year Filed	() Yes () No
(Number)	(Country)		() Yes () No
(Number)	(Country)	Day/Month/Year Filed	() Yes () No
application in the m §112, I acknowledge all information know Federal Regulation	anner provided by the firstethe duty to disclose to the vn to me to be material to s §1.56, which became a	s not disclosed in the price to paragraph of Title 35, Unite United States Patent and Topatentability as defined in evailable between the filing conal filing date of this application.	ted States Code, Frademark Office Title 37, Code of date of the prior
(Serial No.)	(Filing Date)	(Status: Patented, Pen	ding, or Abandoned)
(Serial No.)	(Filing Date)	(Status: Patented, Pend	ding, or Abandoned)
(Serial No.)	(Filing Date)	(Status: Patented, Pen	ding, or Abandoned)
	, , ,	rs associated with the custo substitute and revocation, t	

application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence and telephone calls to

Wesley L. Strickland, Esq. Address of customer number Telephone (513) 241-2324

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Inventor Frank Fago	
Inventor's Signature Hole In Figure 1	Date 12/4/03
Residence City/State Mason, Ohio	_Citizenship <u>U.S.</u>
Post Office Address 4508 State Court, Mason, OH 45040	
Full name of Inventor Robert Bergen	- Manner
Inventor's Signature	_Date
Residence City/State Westchester, Ohio	_Citizenship <u>U.S.</u>
Post Office Address 7862 Willow Run Court, Westchester, OH 45069	
Full name of Inventor James F. Farmer	
Inventor's Signature	_Date
Residence City/State Mantua, NJ 08051	_Citizenship <u>U.S.</u>
Post Office Address 18 Woodbrook Drive, Mantua, NJ 08051	

DECLARATION, POWER OF ATTORNEY, AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTRAST CONTAINER HOLDER AND METHOD TO FILL SYRINGES

the specification of which (check one below):

above.

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	(/)	is attached hereto.
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ified en		eby state that I have reviewed and understand the contents of the above

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign App	lication(s)	•	Priority Claimed?
(Number)	(Country)	Day/Month/Year Filed	() Yes () No
(Number)	(Country)	Day/Month/Year Filed	() Yes () No
(Number)	(Country)	Day/Month/Year Filed	() Yes () No
§119(e) of any Un of each of the c application in the §112, I acknowled all information knowled Federal Regulation	lited States application(s) list laims of this application in manner provided by the first lige the duty to disclose to the bown to me to be material to lons §1.56, which became a	er Title 35, United States Consted below and, insofar as the solution of the print paragraph of Title 35, United States Patent and patentability as defined in available between the filing onal filing date of this application.	he subject matter or United States ited States Code Trademark Office Title 37, Code of date of the prior
(Serial No.)	(Filing Date)	(Status: Patented, Per	nding, or Abandoned)
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(Serial No.)	(Filing Date)	(Status: Patented, Per	nding, or Abandoned)

I hereby appoint the practitioners associated with the customer number, as my attorneys or agents, with full power of substitute and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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Full name of Inventor Frank Fago	
Inventor's Signature	_Date
Residence City/State Mason, Ohio	_Citizenship_U.S.
Post Office Address 4508 State Court, Mason, OH 45040	
Full name of Inventor Robert Bergen	
Inventor's Signature Walt Blugm	_Date_ <i> 2 18 03</i>
Residence City/State Westchester, Ohio	_Citizenship U.S.
Post Office Address 7862 Willow Run Court, Westchester, OH 45069	
Full name of Inventor <u>James F. Farmer</u>	
Inventor's Signature	_Date
Residence City/State Mantua, NJ 08051	_Citizenship_U.S
Post Office Address 18 Woodbrook Drive, Mantua, NJ 08051	

DECLARATION, POWER OF ATTORNEY, AND PETITION

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Ò.,,

(Serial No.)

Prior Foreign Application(s)		Priority Claimed		
(Number)	(Country)	Day/Month/Year Filed	() Yes () No	
(Number)	(Country)	Day/Month/Year Filed	() Yes () No	
(Number)	(Country)	Day/Month/Year Filed	() Yes () No	
I hereby claim the benefit under Title 35, United States Code, §120 and/or §119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.				

(Serial No.) (Filing Date) (Status: Patented, Pending, or Abandoned)

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(Filing Date)

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